PIP item 3B.2 Work with state mental health provider agency to increase their understanding of the needs of DCBS clients.

PIP Item 3B.2.2: Incorporate the use of child welfare data at the State Interagency Council (SIAC) meetings to indentify mental health service needs.

This item is a quarter 1 and ongoing item. For Quarter 3, we have attached a copy of the meeting minutes from the October commissioner's report out. At this meeting, each commissioner or department head presented information on the challenges that they face in their individual agency's (part 20. The next document is a summary of a workgroup within the SIAC. The purpose of the workgroup is to define the structure of the SIAC meeting and the roles of those who attend (part3).

SIAC Commissioner Report out- Challenges Faced by Each Organization Represented

Dr. Hacker – Public Health

Shelter put together to deal with disaster.

Last year we had 1,500 people who were at the fairgrounds due to being displaced by the Hurricane - families with children.

People were stressed and some had mental health problems. We did not have enough people to deal with them. We are working on developing enough people to meet this need in the future.

Pre term deliveries – low birth rate babies – These infants have increased complications. These children have disabilities and other complications long term.

Healthy babies birth weight.

Dr. Stephen Hall – Department for Behavioral Health & Developmental & Intellectual Disabilities

Mental health treatment

-Pharmacists – psychotropic drugs

-Found that children in Kentucky get prescribed more psychotropic drugs than children in other states.

-Even children with developmental disabilities receive psychotropic drugs.

-Boys get prescribed psycotrophic drugs more often than girls. This appears to be used to control behavior.

This is very expensive for the Medicaid program

Other states use therapeutic and psychosocial methods to address these issues instead of medicine.

Who benefits when we practice this way. Pharmaceutical companies in Indiana and they employ more people every day.

Would Kentucky benefit if they used the psychosocial approach?

-Employment as a treatment for children and people 14-29.

-Most effective treatment for people with mental health needs of children.

-Part of their school day would actually be working.

-Kentucky used to be in the top 10 states for employing people with developmental and intellectual disabilities, now we are 50th.

Vocational rehabilitation

Dartmouth grant.

Tools for assessment

Crosswalk with DSM IV for kids 3 and under to get more appropriate diagnosis.

Bullying is one of the reasons kids with mental health issues commit suicide.

*Kentucky is the 3rd largest pill taker in the nation. This is due to more chronic diseases.

*We use psychotropic in rural areas due to lack of mental health services.

Georgia– Olmsted Act not in compliance, 9000 people with mental health needs will be released by 2016.

<u>Mike Denney – Family Resource and Youth Services Center</u>

1. Dealing with family to meet basic needs

   Losing home

   Losing employment

   53% of kids are on free lunch

Get donation; now there are very few people able to donate help.

Long term military family

Suicide prevention

Mercer County High School – Suicide Prevention - FRYSC working on this

Evidenced based programs

Expand youth councils

Pat Wilson – Commissioner of DCBS

July 1, Providing Protection & Permanency services at Fort Knox – Fort Campbell

Program Improvement Plan

During June 2008, the Kentucky Child Welfare System underwent the Child & Family Services Review. As a result of that review, the state developed a Program Improvement Plan. This plan has been designed to assist us with addressing areas that need to be improved.

Challenges:

Mental Health Services

-The ability to match needs to service availability

-Stability of Placement for Foster youth

Call for PCC's to develop a program to provide more intensive services for children

Youth need more intensive services.

How do we maintain children in their current placement?

-Relatives

- Foster Homes

-In their own Homes

The Cabinet is looking at community based support for these initiatives.

Currently, there is a waiting list for children needing intensive mental health services. When families are unable to locate services the courts commit the children to the Cabinet. These children come into Out-of-Home Care because services are not available. Due to the lack of mental health services in our state, these children tend to have difficulties remaining in a stable placement. We do have Impact Plus services, however, we need more services to assist families when children are stepping down from in-patient care and more intensive community based services to prevent them from coming into care.

We too have found that psychotropic drugs are being used on the children that we serve.

Currently we have found that 1/3 of our children, which are 2600 kids in our custody, are being prescribed 1 to 7 psychotropic drugs.

Of the group 1/3 are prescribed stimulants.

Lack of appropriate placement of kids with mental health needs. These kids are sent out of state because we don't have the facilities to meet their needs.

We need to work more diligently on how to treat these kids.

The Parental Care Act mentions mental health 55 times. There appear to be opportunities in that act to address substance abuse treatment.

This group must assess the mental health system and attempt to address the areas

Brad William-Youth leadership

Youth leadership councils

*Increase in request for youth to participate in agency activities

React

Youth with mental health to sit in on board youth for the state

Jennie Willson – Out of Home Care – Youth Council

Education- Laura Mccoulgh

College and career ready graduates

Colleges are having to do a lot of remedial training. They don't have the capacity to do that level of remediation, can't compete internationally. State will be partnering with 21 century skills.

P-20 inter labs

Senate Bill 1 – change system of standards. Set of assessment and accountably.

Lynn- Medicaid

Cost containment initiative

Kentucky currently under a 225,000.00 = 800,000.00 shortfall

Healthcare reform law

Sober Houses for Youth?

Peggy Roach – Parent Representative React

- Orientation for React Parent Representative
- Peer Support Network
- SIAC support regulation

Leadership academy 15 on waiting list

Patrick Yewell – AOC

1/3

- Curriculum for all Family Court Judges
- Civil rules presented to Supreme Court – they were passed, child support and model courts
- Model Court recognizes a few areas to be a model court site
    1) Jefferson
    2) Fayette

3) Davis
4) Hardin

1) What are reasonable efforts

*400 children under 10 charged with misdemeanor or felonies

IV-D – training for judges

Dr. Bill Heffron Department for Juvenile Justice

1/3 of youth in residential not psychotropic mostly ADHD and anti-depressants.

Medicaid doesn't fund drug treatment.

Operating with less staff.

Fewer children in PCC's – had 300, we now have 40 or 50.

YLS Rich Assessment tool
1) Recidivism in kids
   Change plan to reflect things on YLS focus on most significant items.
2) What causes recidivism?
3) Track recidivism.

SIAC Member Work Group Meetings Summary
October 25, 2010

Members of the work group included SIAC members/designees: Mike Denney (FRYSC), Mike Cheek (DCBS), Brad Williams (Youth Representative), Angela Isaacs (Family Representative), Rachel Bingham (AOC), Laura McCullough (Education), Anita Jennings (DBHDID), Margo Figg, DJJ, Dr. Heffron, DJJ
Others: Vestena Robbins, DBH and Janice Johnston, DBH
Facilitated by: Kari Collins, SIAC Administrator

Initial Purpose/Context for the Work group
This work group is to recommend a clear work structure for SIAC. The initial focus included:

- The role of Commissioners and/or Designees on SIAC
- The SIAC monthly meeting structure
- The development of other standing advisory groups (e.g. data) and/or short term work groups

Identified STRENGTHS of SIAC include:

- We always build a bridge.
- We are staying abreast of national trends.
- We have written, over time, grants that are inter-agency and used the SIAC venue to apply for grants.
- We now have inter-agency support at our conferences/cross training and professional development.
- We've seen accomplishments on the SIAC recommendations (e.g. suicide prevention, transition age)

Recommendations:

a. Commissioners/agency directors will identify 2 or 3 agency priorities (e.g., health care reform, status offenders, shift from sole medication reliance, out of state hospitalization, etc.) where it would be beneficial to have input from other SIAC members. A list will of these will be compiled. Next, a facilitator will be identified to assist the SIAC Commissioners/Designees in identifying where individual agency priorities are shared or intersect with other agencies, where possible duplication of efforts exist, and ultimately to identify three to five priorities of the SIAC for the coming year. These priorities will then become the basis on which SIAC meeting agendas will be set, Governor Recommendations will be written, work groups or advisory committees will be established, etc.

b. The SIAC meeting agenda will include:

1) Informational Considerations – Items that the SIAC members need to know in order to make informed decisions and/or information that will be used to improve the system of care response across agencies. (e.g., IMPACT outcome data and other agency data, updates on from the Early Childhood or the Transition Age Youth Advisory Committees, new initiatives and emerging issues, etc.)

2) Administrative Considerations – Those governance items that are related to the function of the SIAC, RIAC and LIAC statewide infrastructure and the Kentucky IMPACT program. (e.g., SIAC policy and procedures, RIAC policy and procedures, communication and oversight with the RIACs, etc.)
3) Inter-agency Priorities – Information and action on the priority items that were established by SIAC including establishment of short-term (3 meetings or less) work groups, standing advisory committees, legislative considerations, etc.

The meeting structure should include a combination of a work meeting and a formal SIAC meeting. The monthly time slot could be increased by one hour (three hours total) to allow time to work on specific tasks as well as convene the SIAC meeting. This would allow the members/designees time to support the implementation of the SIAC priorities.

c. A description and definition of the SIAC, RIAC and LIAC roles and responsibilities will be made available for Commissioners, Directors and Designees to be used within their respective agency to consider ways to utilize the inter-agency councils (SIAC, RIAC and LIAC) to better serve the children with complex needs and their families. The document will include a description of SIAC two areas of focus – the IMPACT program and the broader system of care, including prevention and early intervention.

d. SIAC should consider jointly funding the SIAC Administrator position. This position functions as staff to each of the member agencies who have a seat on the SIAC. The SIAC should also consider supporting an additional SIAC staff Program Coordinator to further support the goals of the SIAC.